Knowledge, Attitude and Practices baseline report

Pilot Programmatic Partnership Uganda 2022-2024

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Funded by European Union Humanitarian Aid

The Netherlands Red Cross

Uganda Red Cross Society

IFRC

Austrian Red Cross

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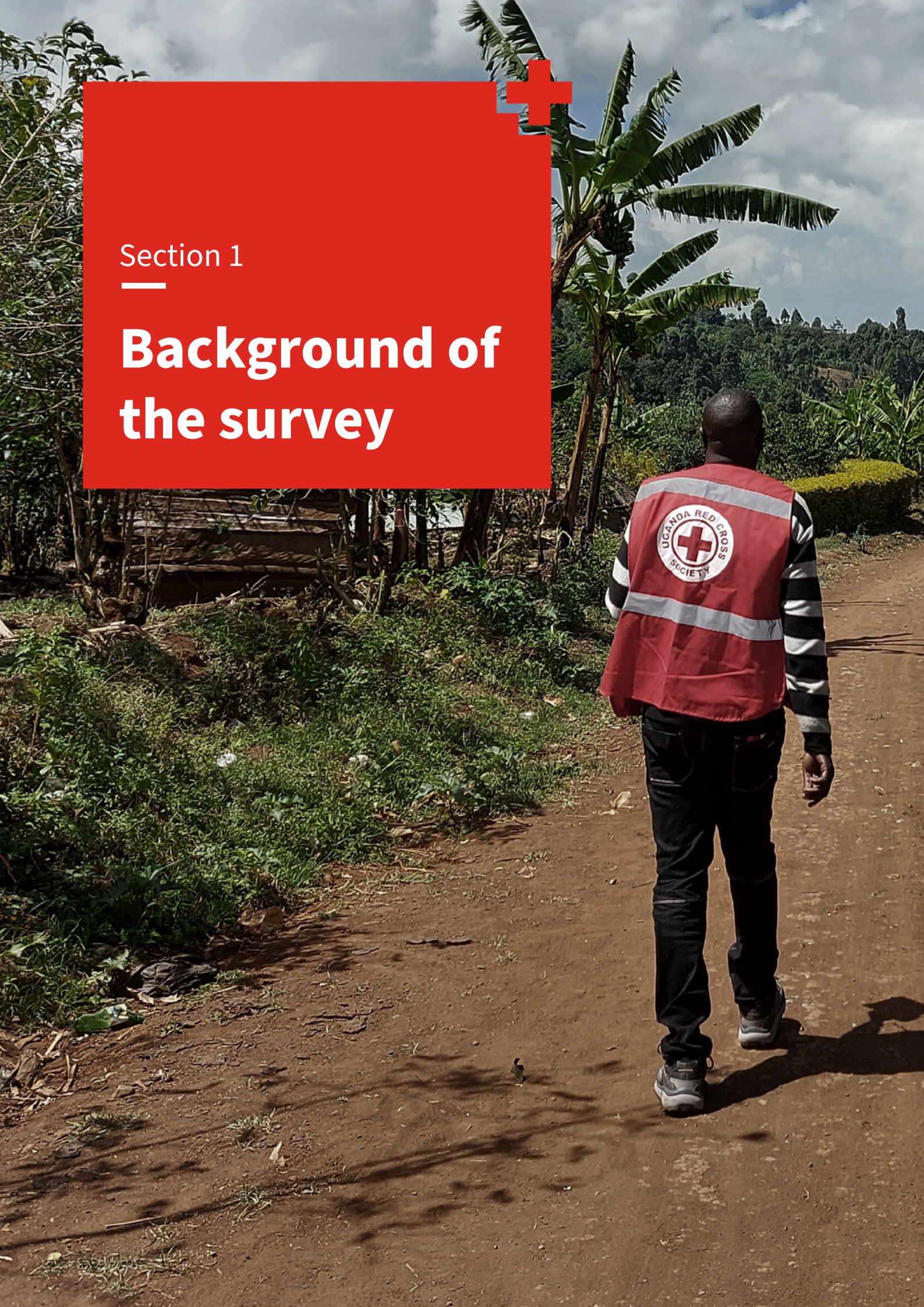
Abbreviations and acronyms

CAO	Chief Administrative Officer
CBS	Community Based Surveillance
CCHF	Crimean-Congo Hemorrhagic Fever
CEA	Community Engagement and Accountability
CVA	Cash and Voucher Assistance
DHO	District Health Officer
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ECHO PPP	European Civil protection and Humanitarian Aid Operations Programmatic Partnership Program
EW/EA	Early Warning/ Early Action
HIP	Humanitarian Implementation Plan
IFRC	International Federation of the Red Cross
KAP	Knowledge, Attitudes, Practices
PMER	Planning, Monitoring, Evaluation and Reporting
NLRC	The Netherlands Red Cross
URCS	Uganda Red Cross Society
WASH	Water Sanitation and Hygiene

Section 1

Background of the survey



Introduction

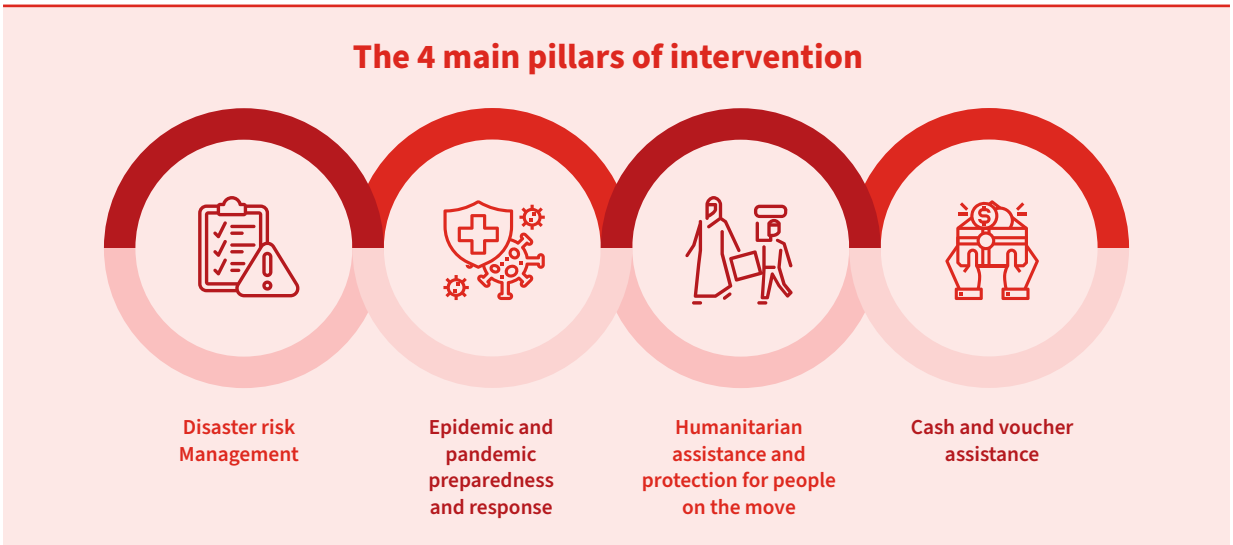
Uganda Red Cross Society (URCS) and Netherlands Red Cross Society (NLRC) implemented a Knowledge, Attitude and Practices baseline activity for the Pilot Programmatic Partnership Project in Kapchorwa and Kween districts with priority for high risk and vulnerable sub-counties prone to epidemics and pandemics.The longer-term ambition is that Uganda has a well-functioning multi-hazard preparedness and response system from the national to the district and village level ensuring and strengthening, linkages between Early warning/Early action (EW/EA) resulting in timely and effective preparedness, anticipatory action (forecast-based: before, and as an immediate response to hazard impact) and response. In addition, the URCS branch and headquarters are targeted for institutional capacity.

A baseline survey was conducted to determine the knowledge, attitude, and practices of communities (village level) on epidemics including diarrhea/ cholera, fever/ malaria, Covid-19, Ebola, Marburg and CCHF, Ebola, Cholera as well as hygiene practices. The findings will guide further implementation of activities aligned to the indicator performance addressing the pillar of Epidemic and pandemic preparedness and response.

Summary of the Project

The ECHO PPP project is funded by the EU/ ECHO and implemented by the URCS with support of the NLRC and the Austrian Red Cross in Uganda. The project started in August 2022 and runs for 3 years, until May 2024.

The longer-term ambition of the PPP project is that Uganda has a well-functioning multi-hazard preparedness and response system from national to district to village level ensuring, and strengthening, linkages between EW/EA – resulting in timely and effective preparedness, anticipatory action (forecast-based: before, and as immediate response to, hazard impact) and response. The Action will focus on 4 main pillars of intervention: 1) DRM; 2) Epidemic, Pandemic Preparedness and Response; 3) People on the move; and 4) Cash and Voucher Assistance (CVA). Target areas were identified based on prioritised risk and vulnerability analysis and informed by the multi-stakeholder and multi-sectoral DRR mapping (REACH, 2022 funded by ECHO HIP 2021).



The project is being implemented in multiple locations of Uganda including Kapchorwa, Kween, Kayunga, Amolatar, Soroti, Nakasongola, and Kasese.

The baseline KAP Survey

The purpose of this Baseline / KAP study is to measure the key indicator for the Pillar 2: 'Epidemic and pandemic preparedness and response'; namely: '***% of community members who know key practices to prevent epidemic disease spread***'.

A quantitative KAP (Household) survey was developed jointly by the consortium partners PMER focal points including the NLRC PMER Advisor, URCS PMER Manager and URS Data Officer who jointly developed the tools, conducted training of volunteers in data collections with the administrative support from the Branch Manager and the Project Officer who mobilised the branch volunteers, arranging the logistics as well as engaging the district authorities informing them of this activity being conducted in their respective areas of jurisdiction. The data collection was conducted using KOBO Collect app on mobile phones.

The Analysis was done using MS Excel. Cross tabulation function was mainly used to establish different relationships between variables of interest.

Program locations

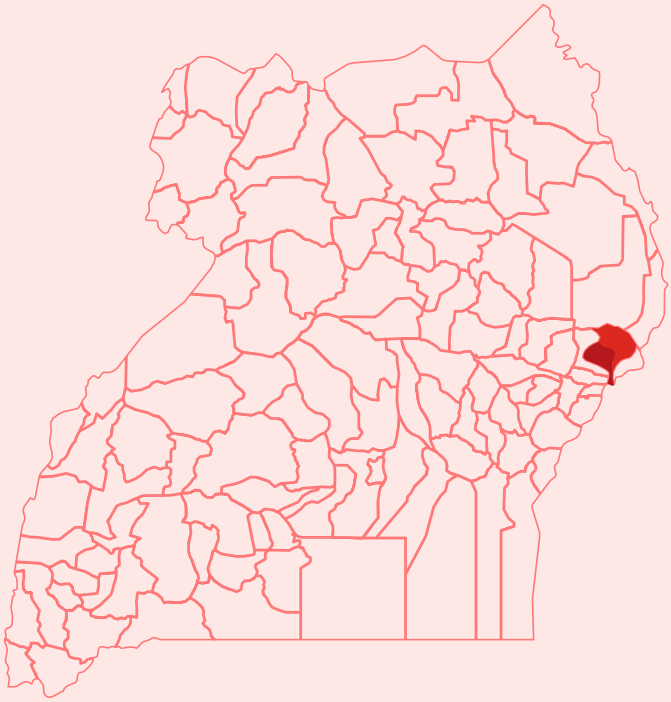
The selected project locations are the districts of Kapchorwa and Kween in the east of Uganda, bordering Kenya. After consultation with the local District Health Office, the sub counties most at risk (for epidemics) were selected; 7 in Kween and 6 in Kapchorwa. The Red Cross volunteers and staff gathered from the URCS office in Kapchorwa center, from which the sub counties of Kiriki and Ngenge/ Chepsikunya were difficult to reach; as they were quite far away from Kapchorwa, and the roads had been affected by recent heavy rainfall.

7 subcounties in Kween

Ngenge/ Chepsikunya, Kiriki, Kwanyiy, Kaproron, Moyok, Kwosir

6 subcounties in Kapchorwa

West Division, Central Division, Munarya, Chepterech, Kaptanya, Sipi



Methodology

Sampling

Sample size: After the 13 sub counties had been selected, government population projections (from 2018) were used to determine the total population for 2023. The sample size was calculated using a 95% confidence level and a 5% margin of error (population proportion 50%).

District/ Subcounty	Total population	Sample size	Surveys conducted
Kapchorwa			
West Division	25,000	140	152
Central Division	16,100	90	123
Munarya	7,000	39	36
Chepterech	5,200	29	42
Kaptanya	9,200	51	71
Sipi	6,000	34	48
Subtotal	**68,500**	**383**	**472**
Kween			
Ngenge/ Chepsikunya	14,500	92	107
Kiriki	6,200	40	58
Kwanyiy	12,600	80	99
Kaproron	4,700	30	72
Moyok	7,200	46	43
Kwosir	14,900	95	88
Subtotal	**60,100**	**383**	**467**
Total	**128,600**	**766**	**939**

Sampling method: The sampling method was random sampling; it was a mix of *convenience sampling*; the knowledge of the URCS Kapchorwa branch manager and volunteers was used to select the most accessible villages within the subdistricts, and *systematic sampling*, as volunteers would select every fourth household in the village for a survey.

Data collection training

The selected 41 branch volunteers were trained by the team with teaching materials prepared focusing on quantitative data collection, the use of mobile data collection as well as an in-depth orientation of the volunteers to the developed tool (questionnaire) for data collection. This was critical to ensure common interpretation of the tool into the local language while conducting house hold interveiws. The training also included understanding of the principles of the Red Cross Red Crescent movement, a briefing on the PPP Project, and Community Engagement and Accountability (CEA). Most importantly, the training focused on how to use the Kobo app on mobile phones for data collection. Feedback from the volunteers on the survey was collected and some small adaptations were made to the form to suite context.

Two 5 hour training courses took place; one for 19 volunteers in Kapchorwa, one for 20 volunteers in Kween.

Two 5 hour training courses - one for volunteers in Kapchorwa, one for volunteers in Kween.

20 volunteers in Kween

19 volunteers in Kapchorwa

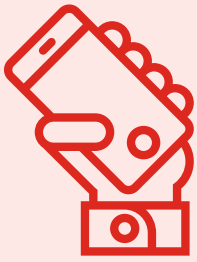
Key focus of the training

- quantitative data collection
- use the Kobo app on mobile phones for data collection
- in-depth orientation to the developed survey questionnaire

Field data collection

The data was collected for Kapchorwa and Kween took place from 11th to 16th January. Every morning the teams of volunteers and URCS/ NLRC staff would gather for a briefing before driving to the selected villages, and at the end of the day the teams would gather again for a debriefing. Per sub-district, cars would drop off teams of 5 volunteers and a URCS/ NLRC supervisor to 3-4 villages, where the volunteers collected roughly 8 surveys per day. The communities were welcoming and the data collection went smoothly. A total of 939 household surveys were conducted (122% of the target).

The data cleaning was done by the NLRC PMER Advisor and handed over to the research associates for the first round of analysis supported by the URCS PMER Manager and Data Officer. The final reports we jointly reviewed with IFRC PMER Focal Points, URCS and NLRC which was an important step in having an all-inclusive report with harmonized interpretation of the findings by all the consortium partners.



Total surveys conducted

939

which is

122%

of the target

Limitations

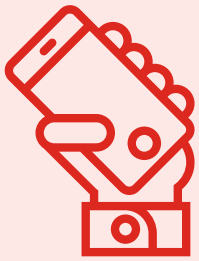
To prevent further delays in the project implementation, the NLRC and URCS decided not to wait for the standardized KAP survey/tool developed by IFRC (which was shared on 12 January 2023; 5 months after start of project). However, same topics covered, with exception of CBS (Which was not relevant for Kapchorwa/ Kween as there were no RC volunteers doing CBS). Also, the KAP survey designed by NLRC included the topic of Safe and Dignified burials.

Other Engagement during the data collection exercise

The team met with the district CAO and the DHOs of Kween and Kapchorwa for a courtesy call and informing them that the data collection exercise was taking place so that they inform the technical staff and local leaders in the communities. However, during the interaction, a number of issues were raised and are summarized below.

Highlights of meeting in Kapchorwa and Kween
There is need for sharing of information on the project to all district teams.
The ambulance needs to be brought back since there is no other ambulance in the district.
URCS should increase First Aid services in the district.
Sensitization of communities around hot spot areas and especially Boda Bodas (motorcycles) to reduce on RTA.
Print on signposts and warning signs on hot spot areas.
URCS should increase DRR activities in the district especially landslides.
General Feedback
The program team to review dissemination materials to integrate DRR messages.
The project organizes inception meeting for the dissemination of the project outputs and the level of engagement with the district.
Ambulance return referred to the health department- Eric communicated to.

Demographics



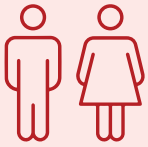
Total number of respondents

939

Kapchorwa

Number of respondents **472**

Males constituted **17%**



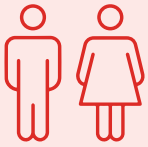
Females constituted **33%**

of the total population surveyed

Kween

Number of respondents **467**

Males constituted **20%**



Females constituted **29%**

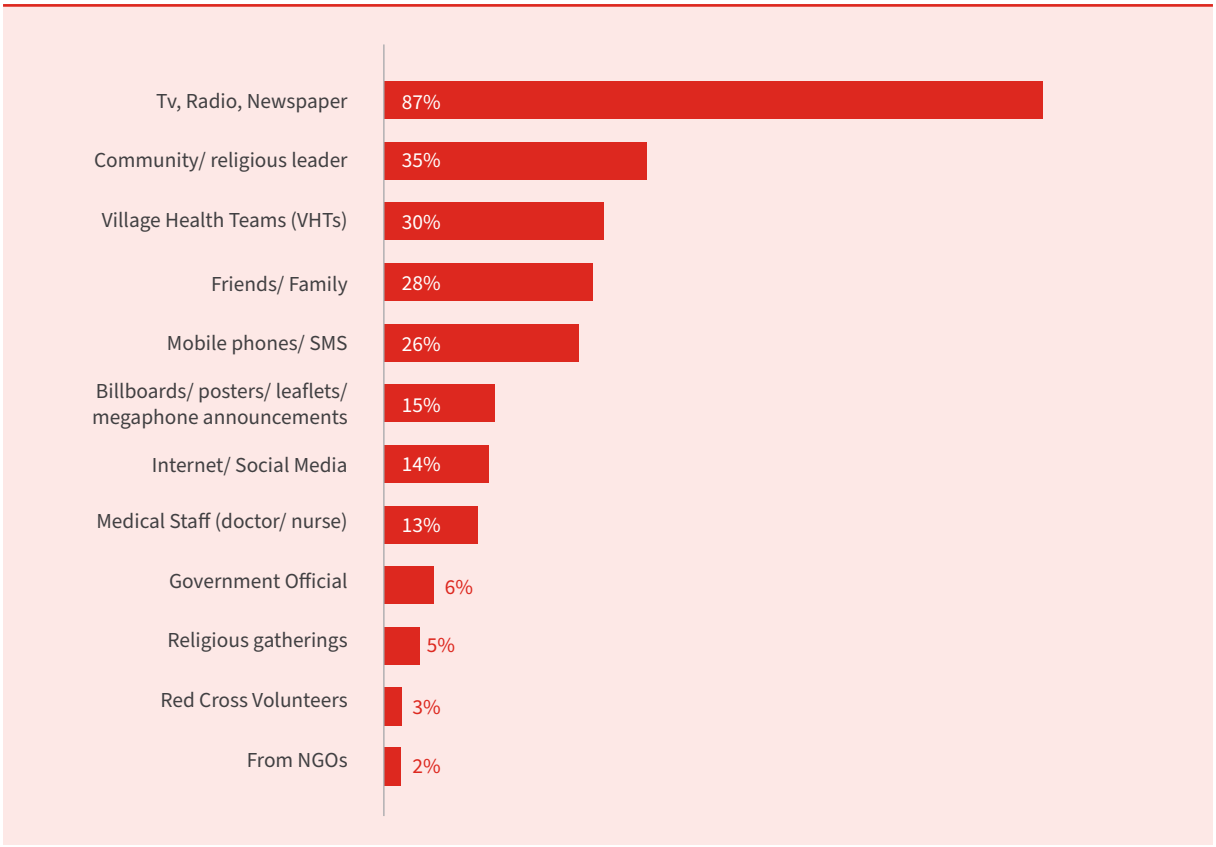
of the total population surveyed

Females constituted the larger proportion of the surveyed population most likely due to the survey being carried out during the day, when most men were out working.

48% of the respondents were between age 30 and 49 years

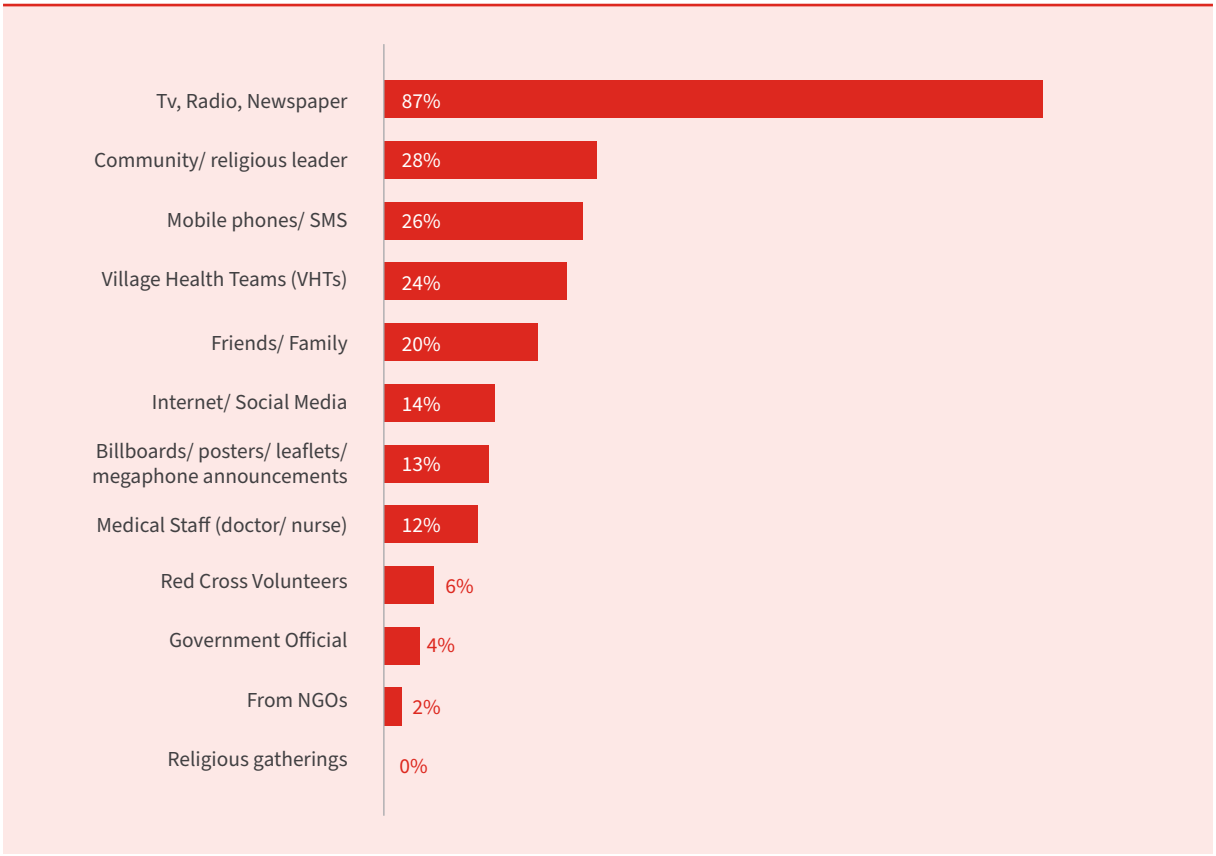
CEA & Communication

Results from the survey showed that overall, the most used modes of receiving information regarding diseases and illness are TV, Radio and Newspaper constituting 87% followed by community/ religious leader with 35% and the least mode used was NGOs constituting only 2% as shown in the graph below. Statistics also showed that respondents who received information through Village Health Teams (VHTs) constituted 30% whilst Red Cross Volunteers constituted only 3%.



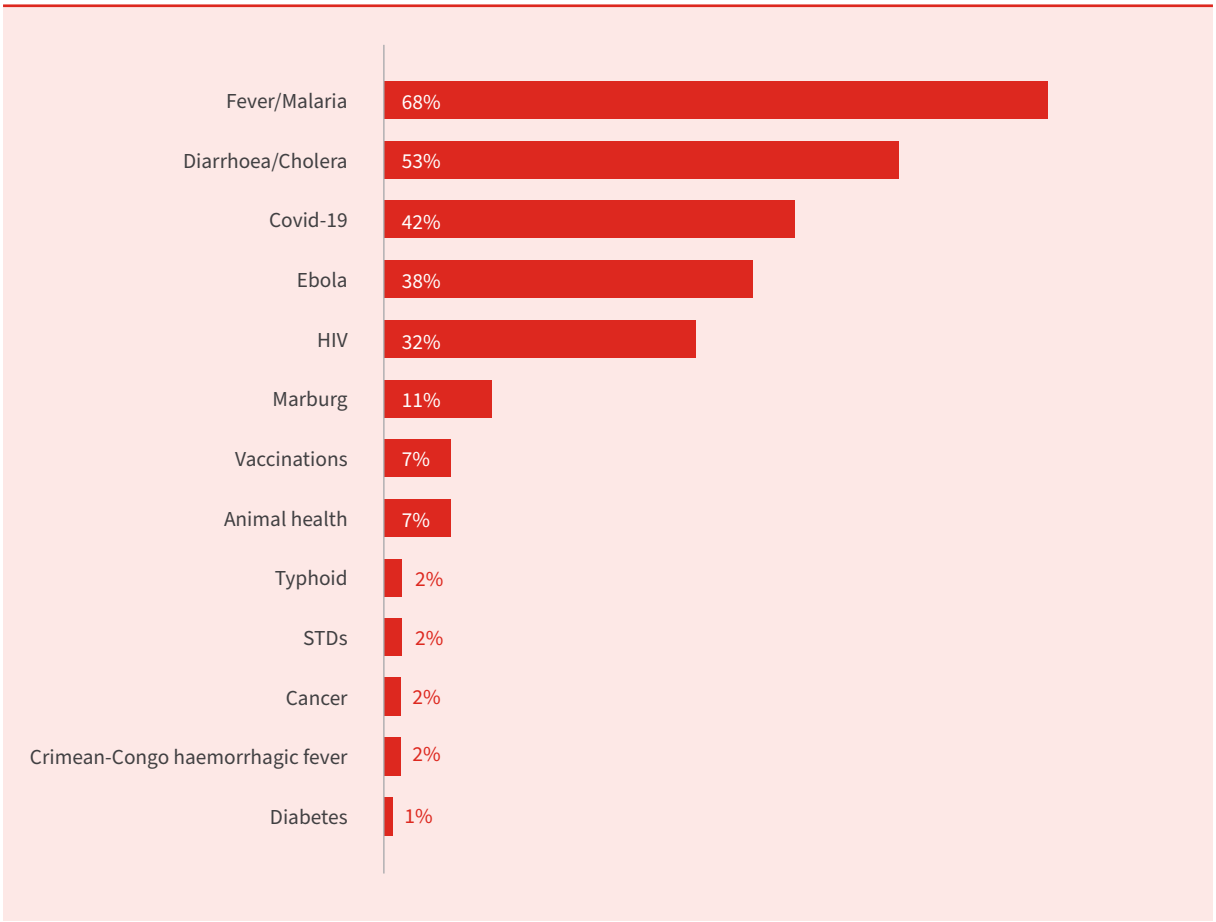
Preferred mode to receive health information

The survey also sought to establish the modes preferred by respondents to receive health information. Results showed that most of the surveyed population preferred TV, radio and newspaper (87%), followed by community/ religious leader (28%) and mobile phones/ SMS (26%). The least preferred mode to receive health information was from NGO with only 2% whilst there were no records (0%) for those who would want to receive through religious gatherings as shown in the figure below.



Most important health topics which respondents would want to hear information about

The surveyed population were aksed about the most important health topics that they would want to receive health information about. Results showed that the most important health topics amonegst the surveyed population was fever/ malaria with 68% followed by diarrhea/ cholera with 53% and Covid-19 constituting 42%. There were no records of households who were interested to hear about immunisations as shown in the figure below.



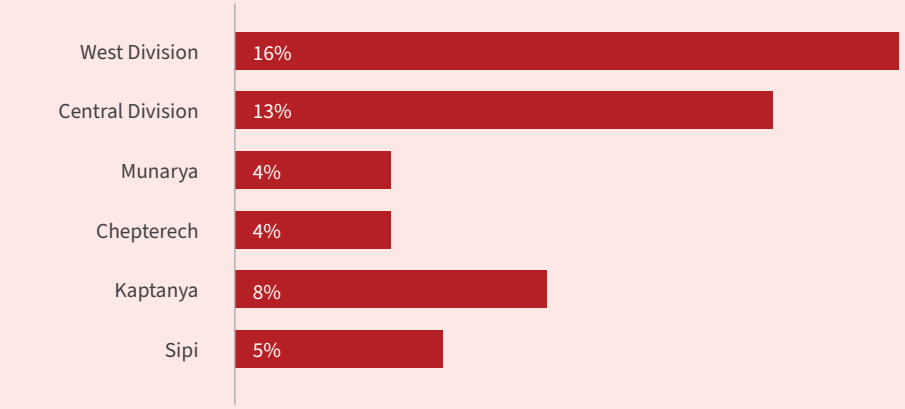
Section 2

Overview of epidemics

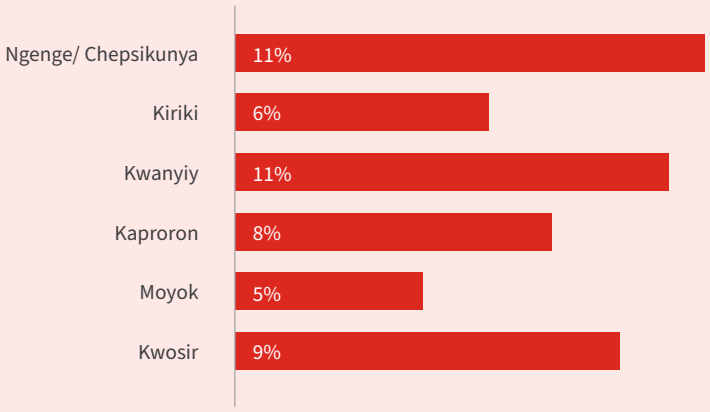
Diarrhea/Cholera

Out of the total number of people who reported that they had a family member who had diarrhea/ cholera in the past two weeks, western division sub county had the highest with 16% whilst Munarya and Chepterech had the least with only 4% as shown in the figure below.

Kapchorwa

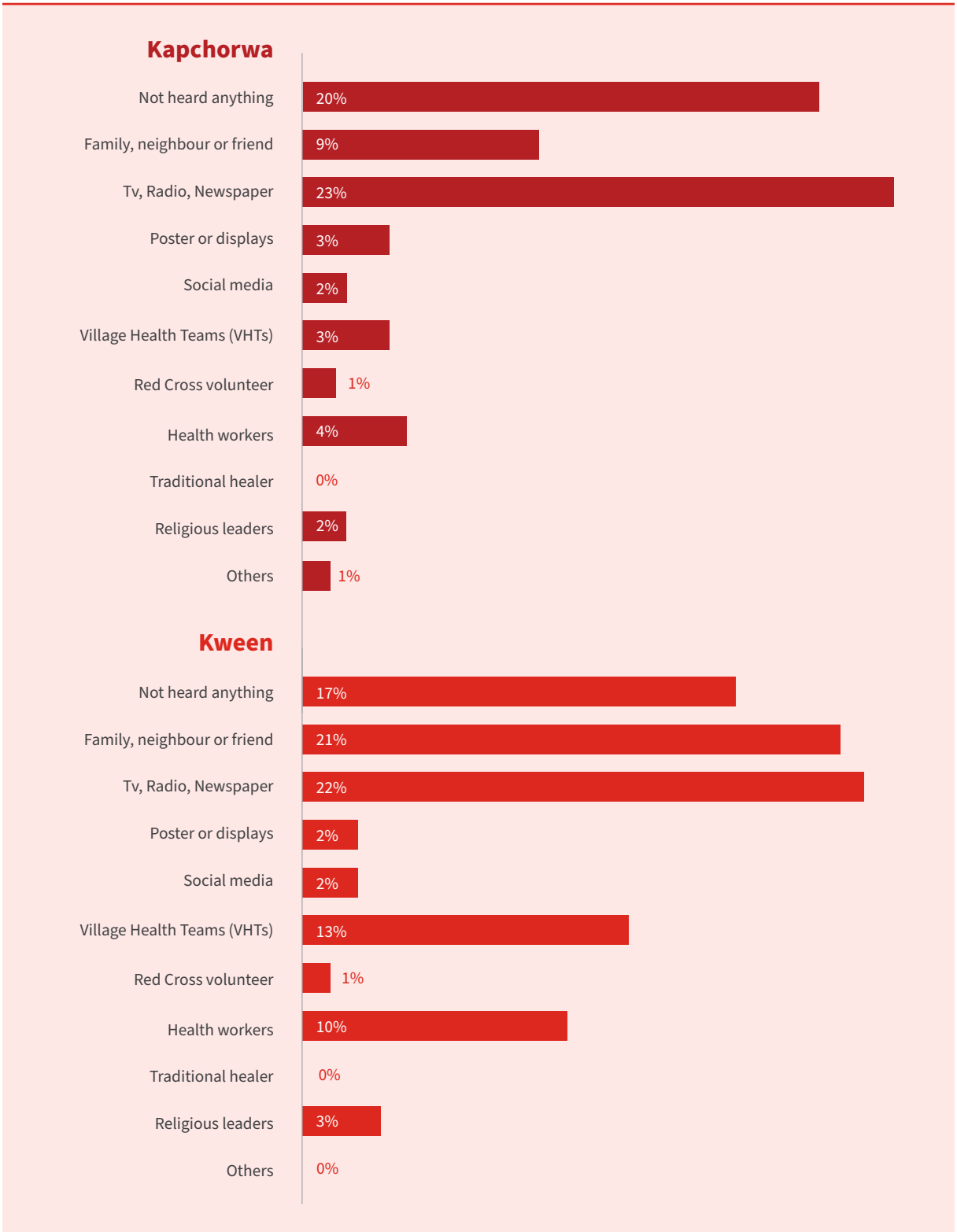


Kween



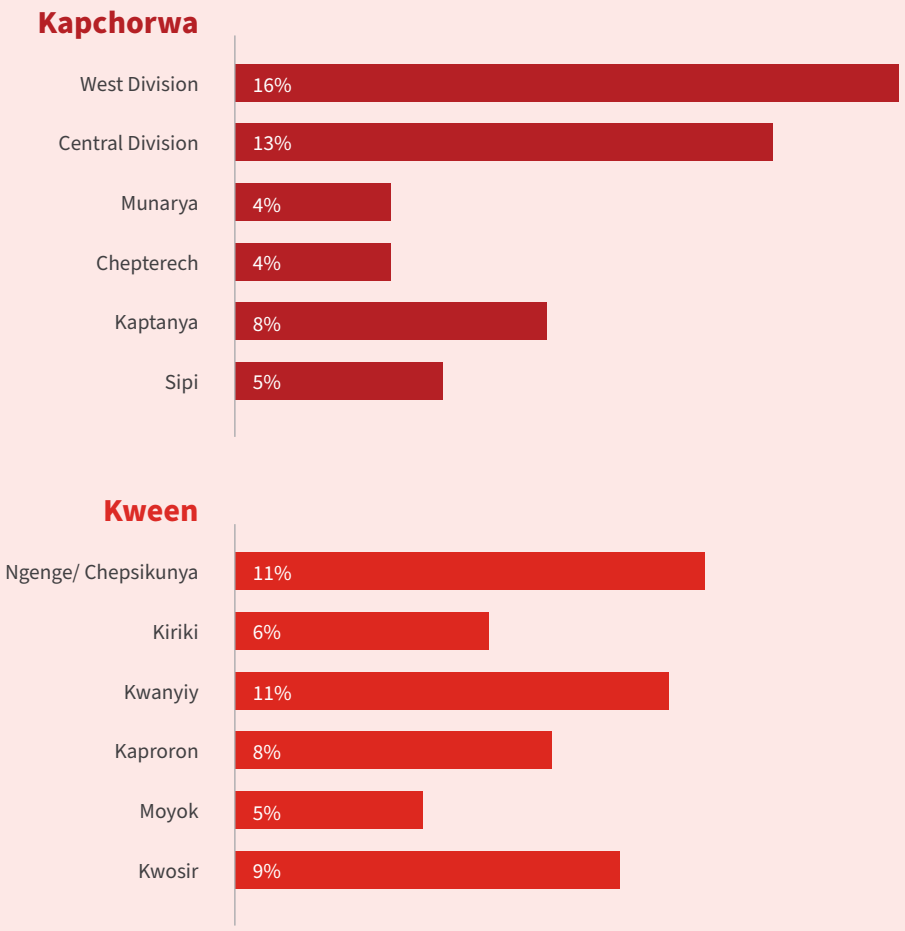
Information about diarrhea/ choleracholera disaggregated by County

The survey sought to ascertain if the respondents had heard any information about diarrhea/ choleracholera from any source in the past three months. Statistics showed that 23% in Kapchorwa and 22% in Kween Counties heard about diarrhea through radio, television and newspaper. Statistics also showed that only 1% of respondents from both Counties counties (Kween and Kapchorwa) heard about diarrhea/ choleracholera through Red Cross Volunteers as shown in the figure below.



Fever

Western Division sub-county had the highest proportion of households constituting 16% with a family member who had severe fever in the past two weeks whilst Chepterech and Munarya sub-counties had the least with only 4% as shown in the figure below. .

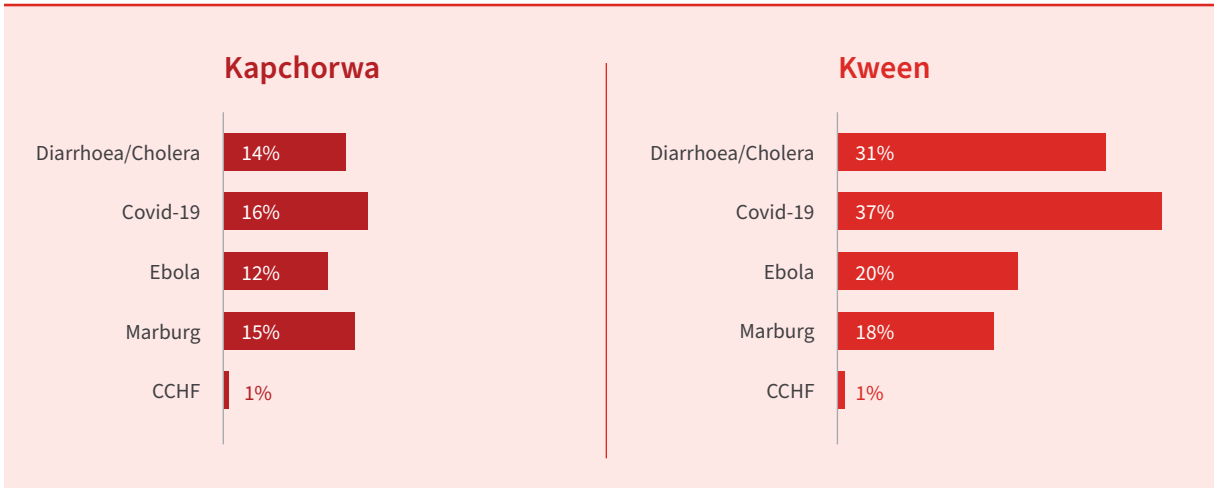


Section 3

Disease symptoms

Proportion of households (%) who mentioned at least 3 symptoms of diseases disaggregated by district.

Data was analysed from the surveyed population to ascertain the proportion of households who mentioned atleast three symptoms of the diseases disaggregated by county and sub-county. The analysed data showed that in Kapchorwa district county only 14% of the surveyed population mentioned more than three symptoms of Diarrhoea / Cholera, 16% mentioned three symptoms of Covid-19 whilst only 1% mentioned symptoms of CCHF. In Kween district 31% and 37% of the surveyed population mentioned more than three symptoms of Cholera and Covid-19 respectively whilst only 1% knew more than three symptoms of CCHF as shown in the figure below.



Proportion (%) of households who did not know any disease symptoms disaggregated by sub-county.

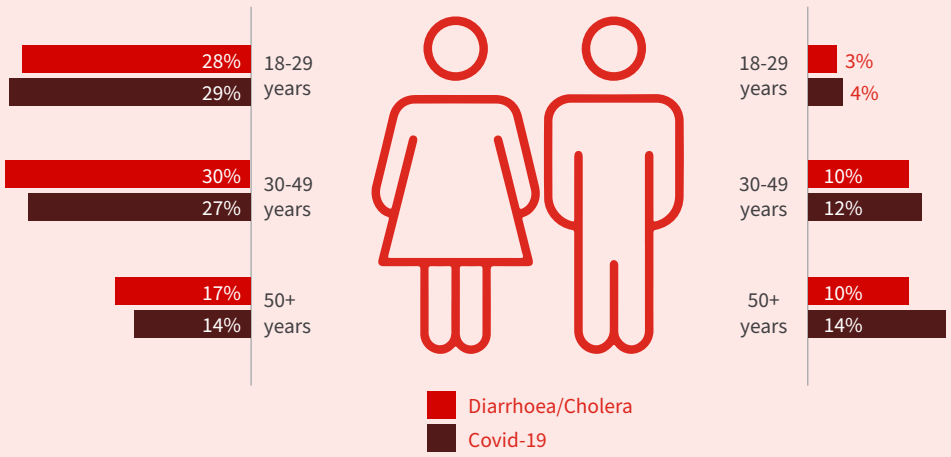
Data was further disaggregated by sub-county to determine the proportion of the population who were not aware of any symptom of the diseases. Results showed that Kaptanya sub-county had the highest proportion of households who were not aware of cholera symptoms with 19% whilst Sipi had the highest proportion of respondents who did not know Covid-19 symptoms with 21%. Overall, Western Division sub-county had the highest proportion of respondents who did not know any disease symptom as compared to other sub-counties. Moyok county had the least proportion of households who did not know any symptom of diseases with only 2% for Cholera, 0% for Covid-19 and only 3% for Marburg as shown in the table below.

District/ Subcounty	Diarrhoea/ Cholera	Covid-19	Ebola	Marburg	CCHF
Kapchorwa					
West Division	14%	18%	11%	12%	15%
Central Division	15%	7%	12%	14%	13%
Munarya	6%	13%	6%	3%	4%
Chepterech	8%	7%	4%	2%	5%
Kaptanya	19%	12%	11%	8%	8%
Sipi	12%	21%	11%	7%	5%
Kween					
Ngenge/ Chepsikunya	3%	1%	12%	16%	12%
Kiriki	1%	2%	3%	10%	6%
Kwanyiy	8%	11%	12%	9%	11%
Kaproron	7%	6%	3%	8%	8%
Moyok	2%	0%	7%	3%	5%
Kwosir	4%	2%	6%	6%	9%

Note: The table above do not show statistics for Fever, Malaria and Zoonotic diseases because there were no data on this question in the dataset.

Proportion of households who could not mention one diarrhoea/ cholera and Covid-19 symptoms disaggregated by sex and age.

Data on two diseases (Diarrhoea/ Cholera and Covid-19) was further analysed to ascertain the sex and age range of the population who could not mention only 1 symptom. Results showed that mostly women aged between 18 and 29 years and 30 and 49 years had the highest proportion of those who did not know any disease symptom. Statistics shows that 28% and 29% of women aged between 18 and 29 years did not know any Cholera and Covid-19 symptoms respectively whilst their male counterparts of the same age range constituted only 3% and 4% respectively. 30% and 27% of women aged 30 and 49 years also did not know the symptoms of the same diseases whilst their male counterparts of the same age range constituted only 10% and 12% respectively as shown in the figure below.



Most mentioned Diarrhoea/ Cholera symptoms (average) disaggregated by sub-county.

On average, the most mentioned symptoms for diarrhoea/ cholera are watery diarrhoea with an overall average of 0.517, followed by stomach ache (0.438) and diarrhoea with an average of 0.42 as shown in the table below.

District/ Subcounty	Watery diarrhoea	Stomach ache	Diarrhoea	Dehydration	Vomiting (with or without blood)	Fever
Kapchorwa						
West Division	0.586	0.368	0.283	0.197	0.355	0.309
Central Division	0.569	0.344	0.439	0.309	0.285	0.26
Munarya	0.167	0.294	0.528	0.194	0.056	0
Chepterech	0.31		0.357	0.143	0.024	0.071
Kaptanya	0.099	1	0.366	0.141	0.113	0.113
Sipi	0.146	0.818	0.375	0.083	0.063	0.042
Kween						
Ngenge/ Chepsikunya	0.607	0.536	0.411	0.617	0.439	0.28
Kiriki	0.655	0.355	0.707	0.638	0.569	0.483
Kwanyiy	0.596	0.414	0.313	0.343	0.222	0.293
Kaproron	0.694	0.444	0.514	0.458	0.292	0.347
Moyok	0.535	0.558	0.512	0.419	0.209	0.279
Kwosir	0.659	0.482	0.5	0.557	0.318	0.318
Grand Total	0.517	0.438	0.42	0.354	0.28	0.26

Most Covid-19 symptoms mentioned disaggregated by sub-county.

Statistics showed that on average the most mentioned symptoms for Covid-19 is other flue like symptoms (runny nose, sneezing, body weakness) with an average of 0.591 followed by dry cough with an average of 0.551 and the third symptom is fever with an average of 0.534.

Most mentioned symptoms for Ebola disaggregated by sub-county.

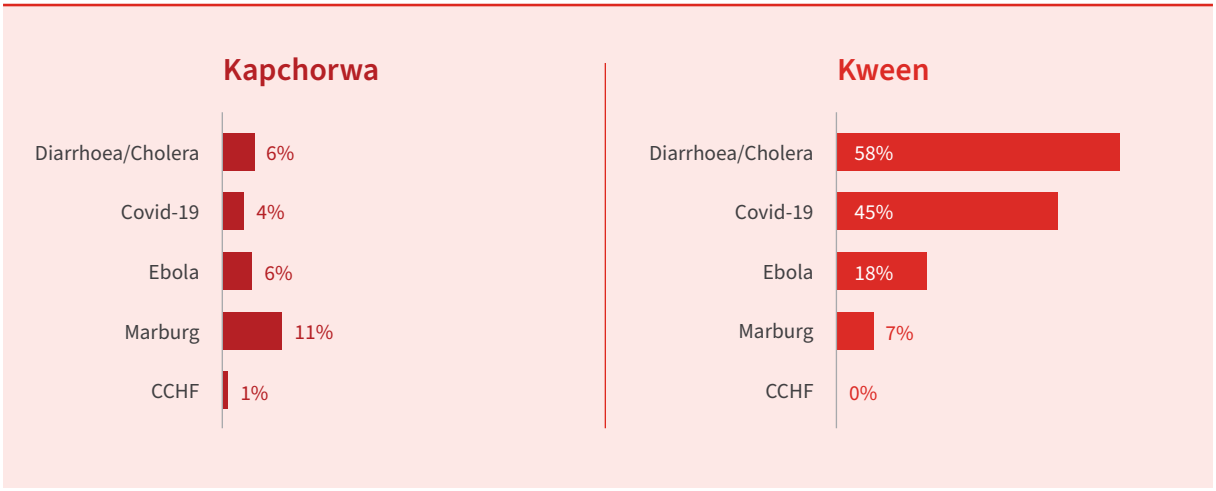
The most mentioned symptoms for Ebola are weakness with an average of 0.316 followed by severe headache with an average of 0.308 and the third symptom is internal or external bleeding with an average of 0.283.

Section 4

Disease transmission

Proportion of households who mentioned atleast three ways which the diseases can be transmitted disaggregated by county.

Kapchorwa district had the least proportion of respondents who mentioned more than three ways in which diseases can be transmitted with only 6% on diarrhoea/ cholera, 4% on Covid-19, 6% on Ebola and 1% on CCHF. Inversely, more than half (58%) of respondents in Kween County mentioned more than three ways which diarrhoea/ cholera can be transmitted, 45% mentioned three ways which Covid-19 can be transmitted whilst only 7% mentioned the three ways for Marburg disease transmission. These results may invite a recommendation that interventions on epidemics should be more concentrated in Kapchorwa district than Kween County since they had the least households who knew ways in which the epidemics can be transmitted.



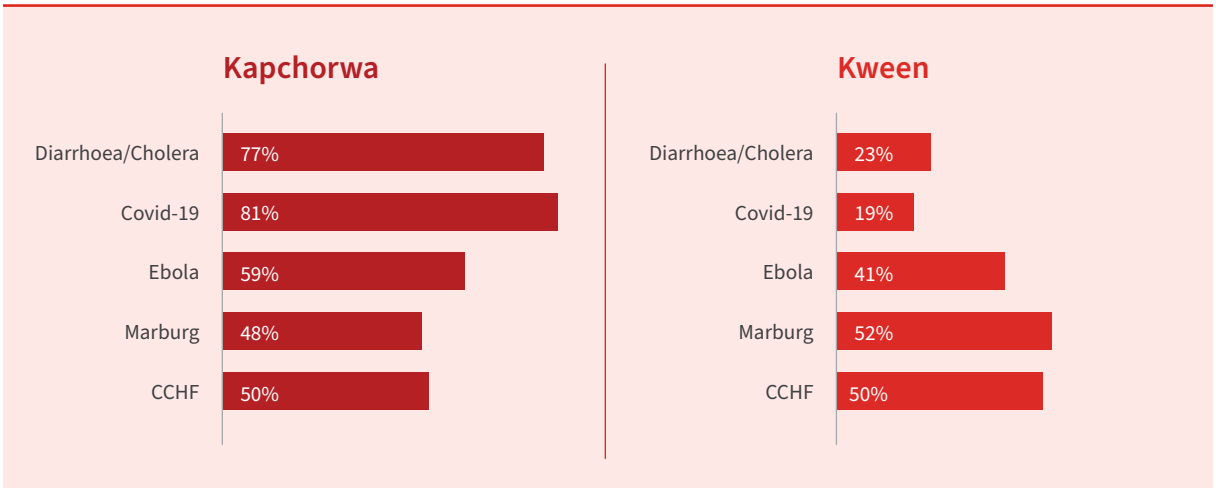
Proportion of households who could not mention any one transmission ways of diseases disaggregated by sub-county.

Kaptanya sub-county had the highest proportion of respondents who could not mention any one transmission method of diarrhoea/ cholera with 20%, whilst Sipi sub-county had the highest with 22% who did not know any transmission method for Covid-19. Moyok sub-county had no records of respondents who did not know any transmission method for cholera and only 2% for Covid-19 as shown in the table below.

District/ Subcounty	Diarrhoea/ Cholera	Covid-19	Ebola	Marburg	CCHF
Kapchorwa					
West Division	12%	14%	12%	11%	15%
Central Division	18%	14%	15%	15%	13%
Munarya	8%	14%	6%	4%	4%
Chepterech	8%	7%	5%	2%	5%
Kaptanya	20%	12%	11%	8%	8%
Sipi	13%	22%	11%	9%	5%
Kween					
Ngenge/ Chepsikunya	5%	0%	11%	16%	11%
Kiriki	1%	2%	4%	10%	6%
Kwanyiy	8%	8%	10%	9%	11%
Kaproron	6%	3%	3%	8%	8%
Moyok	0%	2%	5%	3%	5%
Kwosir	3%	3%	7%	5%	10%

Proportion of households who could not mention any transmission method.

Analysed data showed that overall, females constituted the highest proportion of the surveyed population who could not mention any transmission method of diseases. In Kapchorwa County, females constituting 58% could not mention diarrhoea/ cholera symptoms whilst 20% of their male counterparts in the same county could also not mention any transmission method of cholera. In Kween County females constituting 29% could not mention any Covid-19 transmission method compared to 12% of their male counterparts as shown in the figure below.

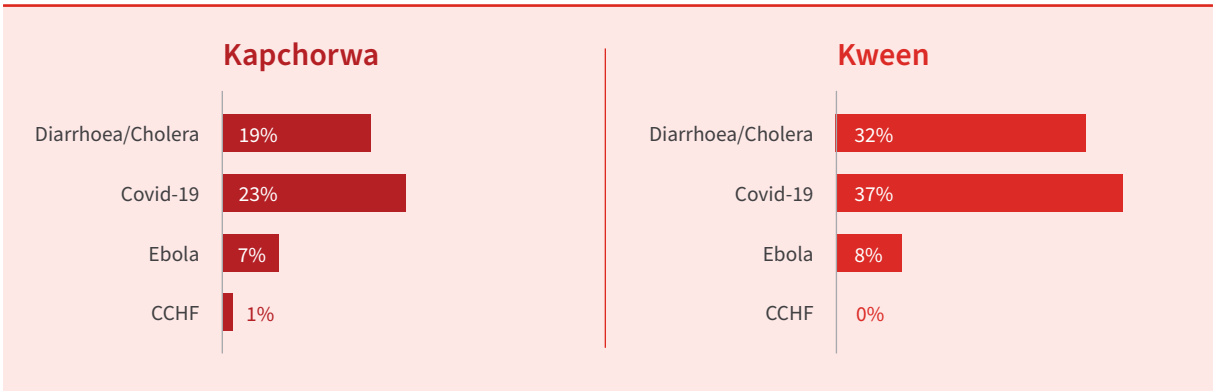


Section 5

Disease prevention

Proportion of households who mentioned more than 3 ways of preventing the disease disaggregated by County.

Kapchorwa County had the least proportion of the surveyed population who mentioned more than three methods to prevent diseases with only 19% for diarrhoea/ cholera whilst Kween County had 32%. Kapchorwa County also had the least proportion of respondents who mentioned three prevention measures for Covid-19 with 23% whilst Kween County had 37% as shown in the figure below.



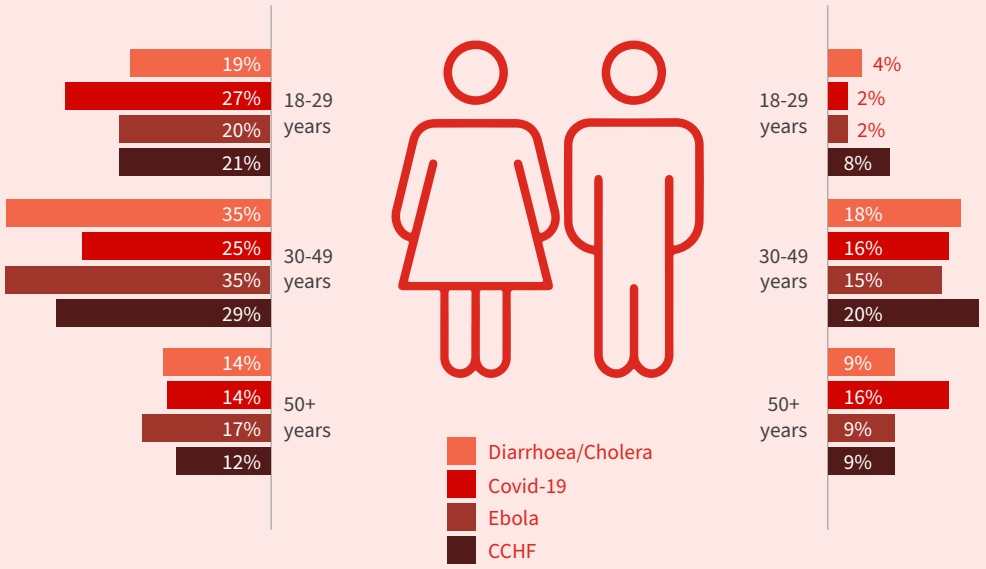
Proportion of households who could not mention any prevention method by sub-county.

Results showed that Central Division sub-county had the highest proportion of respondents who did not know any preventative measure of cholera with 22% and Ebola with 14%. Sipi sub-county had the highest (25%) on Covid-19 and Western Division had the highest on CCHF with 15%. Moyok sub-county had no respondents who could not mention any prevention method for cholera and Covid-19 as shown in the table below.

District/ Subcounty	Diarrhoea/ Cholera	Covid-19	Ebola	CCHF
Kapchorwa				
West Division	7%	14%	11%	15%
Central Division	22%	16%	14%	13%
Munarya	10%	16%	8%	4%
Chepterech	5%	0%	5%	5%
Kaptanya	20%	7%	11%	8%
Sipi	19%	25%	12%	5%
Kween				
Ngenge/ Chepsikunya	4%	0%	10%	12%
Kiriki	2%	2%	5%	6%
Kwanyiy	3%	11%	11%	10%
Kaproron	6%	5%	3%	8%
Moyok	0%	0%	6%	5%
Kwosir	4%	5%	6%	9%

Proportion of households who could not mention prevention measures disaggregated by age and sex.

Results showed that most of the surveyed population who could not mention any prevention measure of diseases were women aged between 30 and 49 years constituting 35% on Cholera and Ebola respectively whilst their male counterparts of the same age constituted 18% for cholera and 15% for Ebola. Also, females constituting 27% aged between 18 and 29 years could not mention any Covid-19 prevention measure as compared to only 2% of their male counterparts of the same age as shown in the figure below.



Section 6

Water, sanitation and hygiene (WASH)

Availability of soap to wash hands.

Total respondents surveyed

939

78.3%

735 had soap to wash hands in their household

6.5%

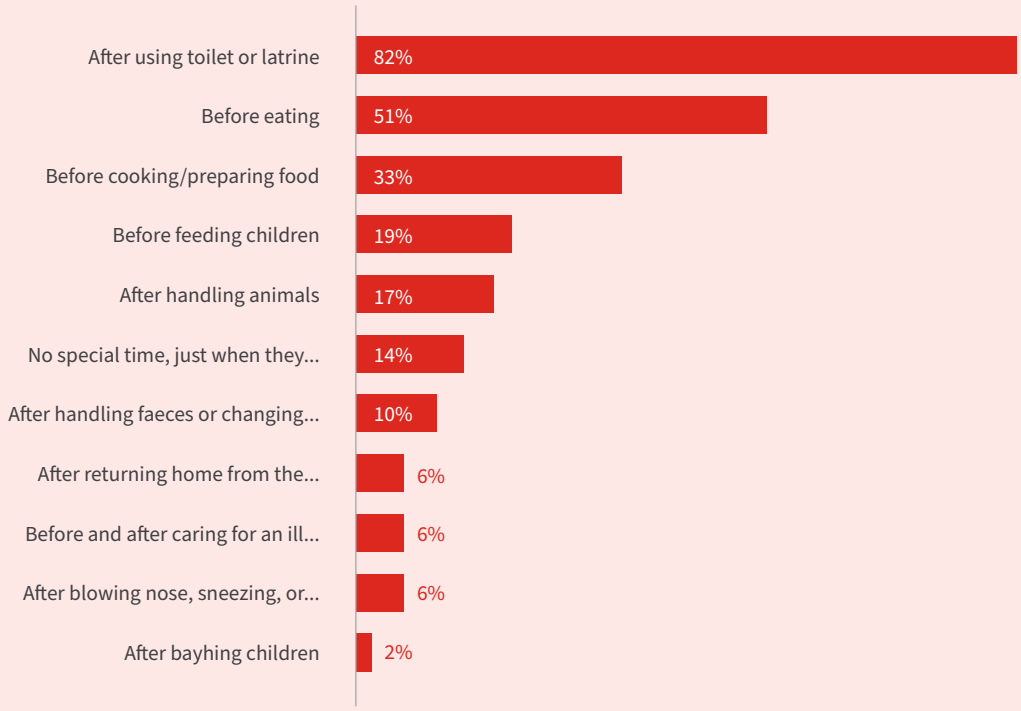
61 had No soap at all in their household

15.2%

143 sometimes had soap in their household

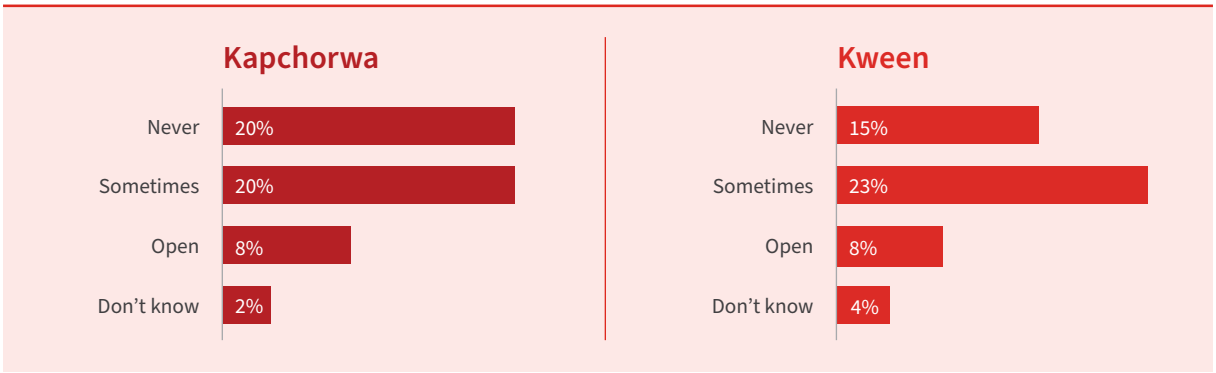
Reasons for washing Hands

Results from the survey showed that most households washed their hands after using a latrine with 82% followed by before eating constituting 51% whilst the least time when respondents washed their hands was after bathing children constituting only 2% as shown in the figure below.



Practice of open defecation disaggregated by county.

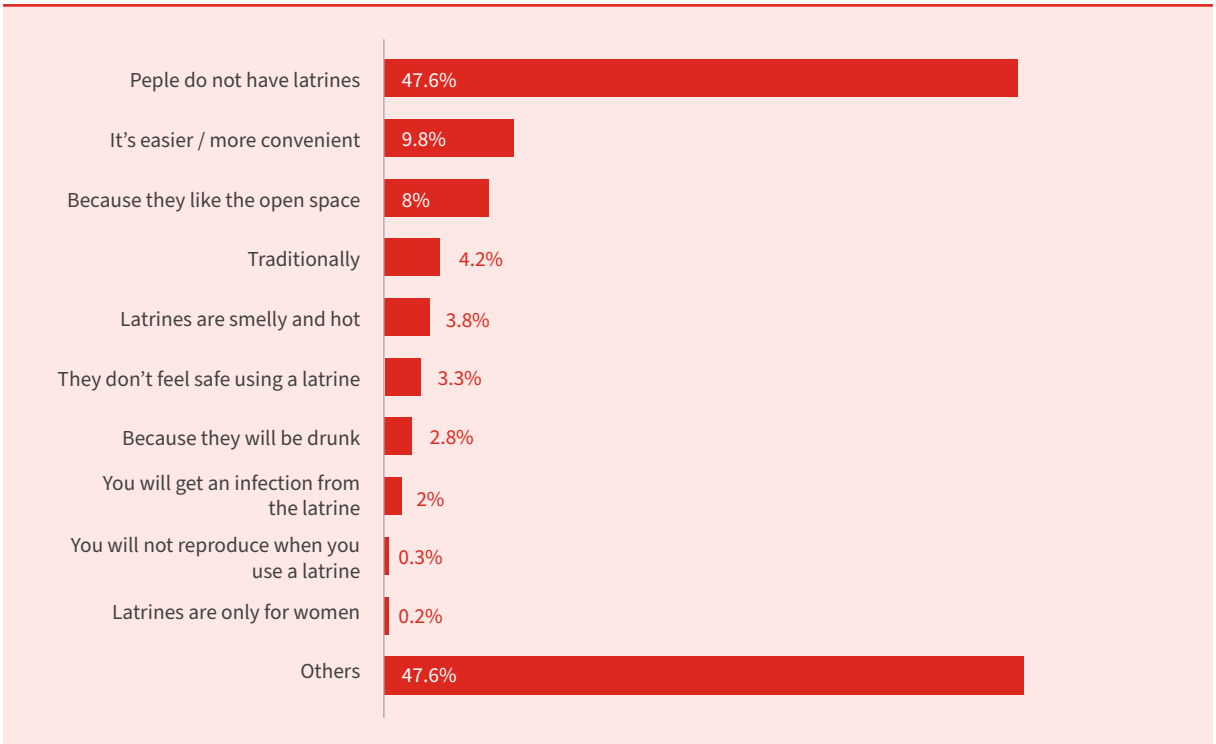
The survey sought to ascertain if households were practicing open defecation. Out of the total number of the people surveyed in Kapchorwa and Kween counties, results showed that 23% in Kween and 20% in Kapchorwa indicated that they sometimes defecate in the open. Statistics also showed that 8% in both districts indicated that they always defecated in the open as shown in the figure below.



The survey sought to ascertain reasons why households practiced open defecation. Statistics showed that most people practiced open defecation because they do not have access to latrines constituting 47.6%, whilst the least constituting 0.2% indicated that latrines are only for women. Reasons for open defecation are shown in the figure below.

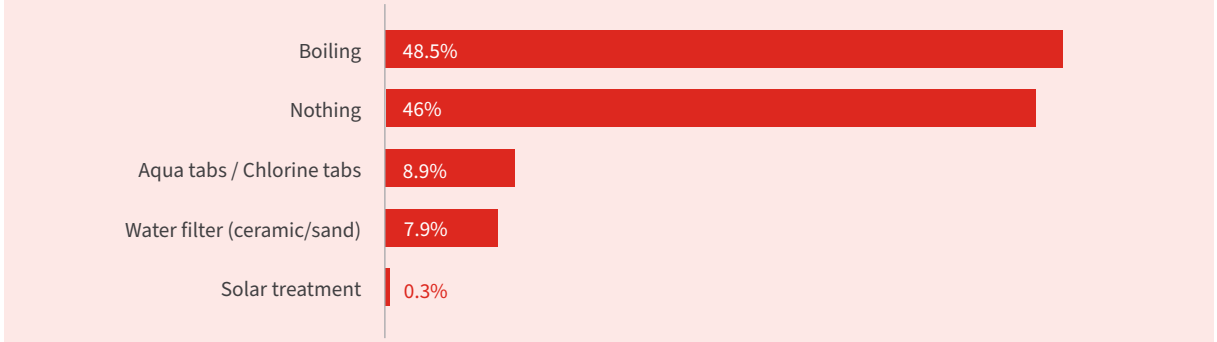
Reasons for open defecation

It was established that most people practice open defecation because they do not have latrines with 47.6%, 9.8% practice it because it's more convenient to them, 8% because they like the open space whilst 18% is because of other reasons as shown in the figure below.



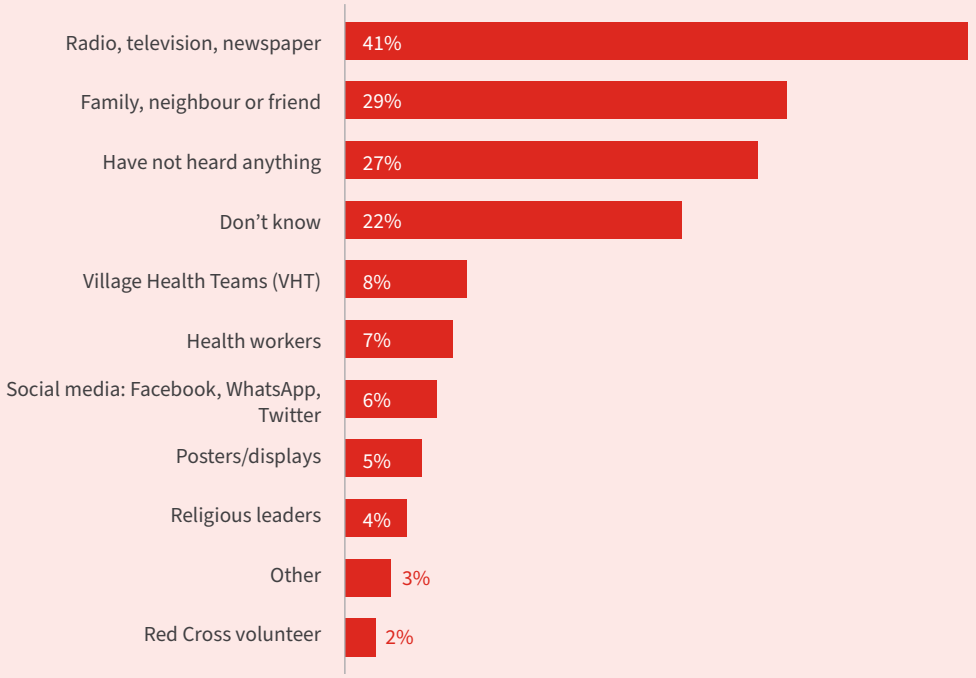
What do you do with your water to be able to drink it?

Respondents were asked what they do with their water before they drink it. Most households representing 48.5% indicated that they boil water before drinking, 46% they do nothing to the water whilst only 8.9% they use aqua tabs/ chlorine to treat their water before drinking as shown in the figure below.



Safe and Dignified Burials

Respondents were asked if they had heard about safe and dignified burials. 41% indicated that they heard about safe and dignified burials through radio, television and newspaper, 27% did not hear anything whilst the least with only 2% heard from Red Cross Volunteers.



Characteristics of safe and dignified burials

Respondents were also asked to name the characteristics of a Safe and Dignified Burial (SDB). Most of the respondents constituting 48% indicated that the body of the deceased should be placed in a leak proof, sealed bag, 20% indicated that the burial site should be agreed upon with the family and community whilst 15% indicated that the grave floors must be at least 2 meters deep to ensure animals cannot dig up the remains.

Consent to SDB

The survey sought to ascertain if communities would consent to SDB if a member of the family died during an infectious disease outbreak. Analyzed data showed that out of the total population surveyed in Kapchorwa district, 78% would consent to SDB if their family member dies during an infectious disease outbreak whilst 80% in Kween district revealed that they would consent to the same as shown in the figure below.

Kapchorwa

78% would consent to SDB

22% would not consent to SDB

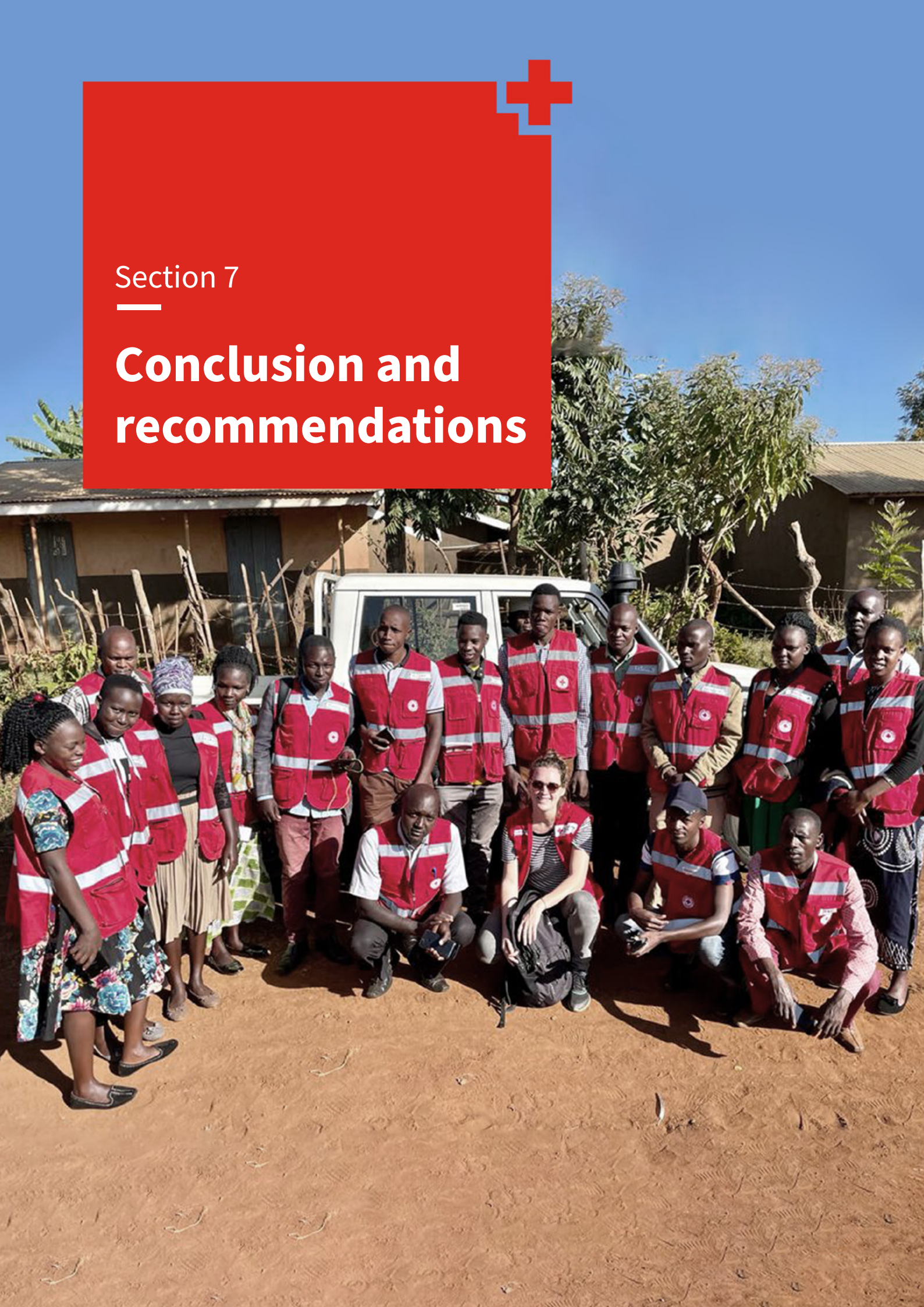
Kween

80% would consent to SDB

20% would not consent to SDB

Section 7

Conclusion and recommendations



The below conclusions and recommendations are based on the KAP baseline survey, as well as the presentation of these findings and the discussion that followed during the lessons learned workshop in Entebbe, Uganda, in July 2023.

CEA and communications

Findings

Most used information channels are: Radio, TV and newspaper (87%), community/ religious leaders (35%) and VHT's (30%). People prefer to keep receiving info via radio/ tv/ newspaper, as well as community/ religious leaders and mobile phones/ SMS.

Least used information channels are NGO's (only 2%), RC volunteers (only 3%), and people made clear these are least preferred (only 2 % NGO's, 6% RC volunteers)

Recommendations

Devise means of working with community radios and establish MOUs with media outlets to enhance information dissemination.

Strengthen volunteer engagement within the community, through identifying and building capacity of the volunteers in order to enhance project outreach. Under health, URCS is recommended to offer a series of trainings to volunteers including EPiC, CBS, First aid and cross cutting topics of PSS, CEA, PSEA, PGI for volunteers. It is recommended to increase the number of volunteers in the project locations and enhance their capacity to engage their communities on a wide range of issues- taking an integrated approach to health programming.

Develop job aids and Information, Education and Communication (IEC) materials on symptoms, transmission and prevention of epidemic prone diseases, to support volunteers in health and hygiene promotion.

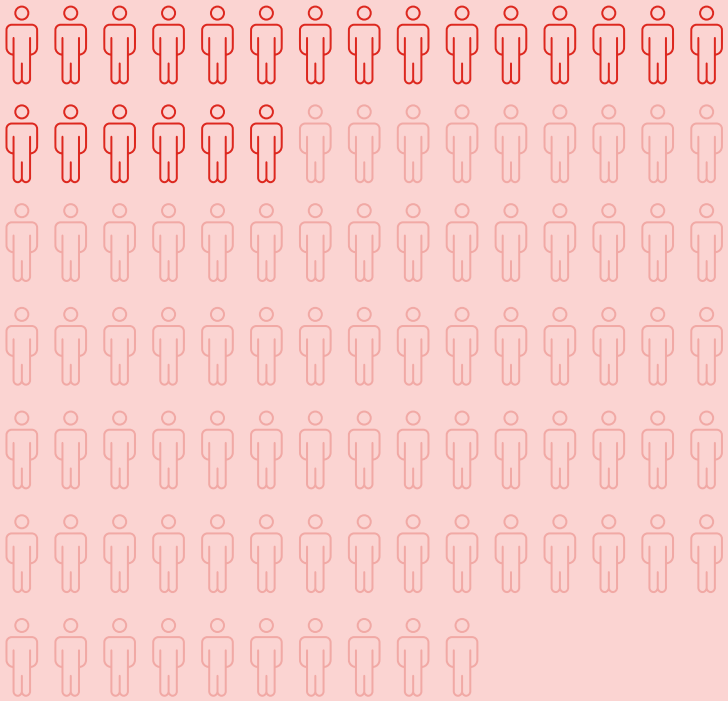
The Village Task Forces (VTF) should be strengthened so that the VHTs work together with the Red Cross volunteers and the other members of the VTF in disease prevention and health promotion within their villages.

Engage schools in disease awareness campaigns in order to have a broader community impact.

Epidemics

21%

of community members know key practices to prevent epidemic disease spread*



*Measured as follows: % of people that could mention at least 3 way to preventing Cholera/ diarrhea, Covid-19 and Ebola (see table below)

% of people that could mention at least 3 way to preventing Cholera/ diarrhea, Covid-19 and Ebola	Diarrhoea/ Cholera	Covid-19	Ebola	Marburg	CCHF
Kapchorwa					
can name at least 3 **symptoms**	14%	16%	12%	15%	1%
can name at least 3 ways of **transmitting**	6%	4%	6%	11%	1%
can name at least 3 ways of **preventing**	19%	23%	7%		1%
Kween					
can name at least 3 **symptoms**	31%	37%	20%	18%	1%
can name at least 3 ways of **transmitting**	58%	45%	18%	7%	0%
can name at least 3 ways of **preventing**	32%	37%	8%		0%

Findings

- **Kapchorwa residents score lower in their overall knowledge on epidemics symptoms, transmission or prevention**. Specifically, Kapchorwa has a much lower knowledge on epidemics transmission than Kween (6% compared to 58% in Kween).
- In both Kween and Kapchorwa people had **most knowledge on symptoms, transmission and prevention of Covid, followed by Cholera/ diarrhea**. Knowledge on Marburg and Ebola was much less; nearly no one in the communities knew anything about CCHF (While the DHOs in both counties ensured the URCS CCHF is a significant threat); only 1% in Kween and Kapchorwa could describe 3 symptoms, 1% in Kapchorwa could describe 3 ways CCHF is transmitted or prevented, compared to 0% in Kween.
- **Women aged 18-49 did have significant less knowledge on Cholera and covid-19 symptoms** than men; roughly 1/3 o them could not mention one single symptom. **Women also have significantly less knowledge on the transmission of epidemics**; with for example 58% of women in Kapchorwa could not mention any diarrhea/ Cholera symptoms (compared to 20% of male counterparts). Also, significantly more women were unable to mention one single preventative measure for various epidemics compared to men.

Recommendations

Hygiene/ health promotion activities should be **prioritized and/or scaled up in Kapchorwa**, specifically strengthening the communities knowledge and practices on disease transmission.

As community knowledge on **CCHF, Marburg and Ebola is very low, hygiene/ health messages should therefore focus specifically** on these epidemic diseases.

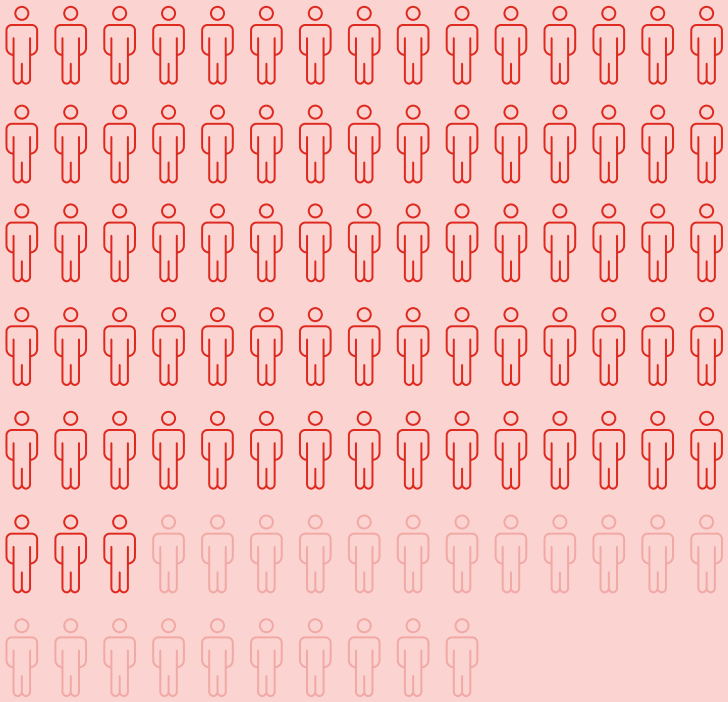
Women should be better/ more efficiently included in programming so they improve their knowledge on symptoms, transmission and prevention of epidemic diseases. It is recommended to further engage with communities to create an understanding of why women are less knowledgeable compared to men, and what would be the best way to engage them. The NLRC PGI/ CEA advisor could be approached for this.

URCS staff recommend to emphasize disease surveillance systems to monitor outbreaks effectively. **The community based surveillance system should be established and/ or expanded**. An effective CBS system requires whole-of society approach so URCS recommends expansion to cover other villages in the districts and capacity building for the key relevant stakeholders such as the traditional healers, local leaders (religious, political, cultural) and other community influencers in addition to engaging with implementing partners (Government, NGOs, CSOs).

WASH

78%

of people have soap to wash hands



Findings

- They majority of the respondents indicates that they sometimes defecate in the open: 46% of respondents in Kween and 39% in Kapchorwa sometimes defecate in the open; 16% indicated they do this all the time (in both counties). 48% of the respondents said they defecate out in the open because of a lack of latrines, but 10% said practice it because it's more convenient, and 8% said they like it.
- The vast majority of respondents indicated they heard about Safe and Dignified Burials (SDB), while 27% never heard about it. An average of 79% of the community members said they would consent to SDB.

Recommendations

Ensure hygiene messages on use of latrines are included in community engagement activities. If possible, the project should also look into providing people with (skills/ materials) to build more latrines.

Other recommendations

Since the PPP does not cover all the villages in the districts and some of the needs highlighted by the survey findings are outside the scope of the current funding, URCS recommends collaboration with other partners in the district to explore how they may contribute to closing some of the gap. During discussions in the lessons learned workshop, the field based team highlighted that partner coordination meetings are irregularly conducted and hence weak collaborations between partners in these districts. So to start with, funds allowing, would be to facilitate regular partner meetings at the district level in order to have a strong forum in which these issues are discussed and synergies developed around the actions that need to be taken.

Recommendations for endline methodology

- Organizing the logistics to reach all 13 sub counties was a challenge; especially to reach Ngenge and Kiriki sub counties in Kween. Ensure that transportation is arranged beforehand, and all volunteers receive volunteer allowance and possibly extra transportation costs (as some travel from far).
- The baseline survey can be used, but still need to be reviewed to account for some small typos. Questions could be structured in a different way to enable easier analysis. It is recommended that less multiple choice answers. Also more extensive testing is recommended.
- For future surveys, the questionnaires should be translated into local languages as opposed to giving volunteers questionnaires that are in English and they have to do the translation into the local languages as they administer them in the communities. There was an observation that the way the questions were asked could have biased some responses.
- All project phones allocated to users for data collection should be properly documented.
- Allocation of data to enumerators to ensure easy upload of forms to the server.
- The project phones are more reliable during the data collection process due to observed phone call interruptions on individual phones that destruct the exercise.

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